PAYMENT FOR ATTENDING TEAM CONFERENCES

Physical and occupational therapists and speech-language pathologists may be paid for attendance at a team conference only when the conference is authorized in advance by the Medical Director/Associate Medical Director or the self-insured employer.

To be authorized all of the following criteria must be met:

- 1. There is a moderate to high probability of severe, prolonged functional impairment that may be addressed with the development of a multi-disciplinary approach to the plan of care. and
- 2. The need for a conference exceeds routine correspondence/communication that is expected among healthcare/vocational providers. and
- 3. The worker is not participating in a program in which payment for conference is already included in the program payment (e.g., head injury program, pain clinic, work hardening). and
- 4. Three or more disciplines/specialties need to participate, including PT, OT or Speech.

To be paid for the conference the provider must do the following:

- Bill using CPT® code 99361 or 99362
- Bill on a CMS 1500 form
- Each individual provider seeking payment must provide a separate report of the conference; joint reports are not allowed. The conference report must include:
 - 1. Evaluation of the effectiveness of the previous therapy plan; and
 - 2. New goal-oriented, time-limited treatment plan or objective measures of function that address the return to work process.

Note: Providers in a hospital setting may only be paid if the services are billed with an individual provider number on a CMS 1500 bill form.